State of Wisconsin Department of Natural Resources Air Management Program

Complaint/Inquiry Report Form 4500-79 Rev. 9-96

			Complaint Inquiry							
Subject	Name Address				Contact					
				Phone						
	City, Zip Code				FID or County/Region					
Received From	Name				Received By					
	Street or Route				Home Telephone Number Work Telepho			ephone Num	iber	
	City, State, Z	ip Code			Phone Mail	Date	1	Time	a.m. p.m.	
Nature of Complaint		Source Type			Occurrence Record			a.m.		
		Government Industrial		Date Time						
-			sidential mmercial	Construction Agriculture	Happening now?	Ye	es No			
Auto		0.1			Happened before?	Ye				
Other					Discuss					
_										
Resolved Phone/Le Investiga Filed, No	etter ation Initiated Action	Comm	ents:							
Resolved Investiga										
Referred										
Investigated On		Investi	gator(s)						Report Attached	
Remarks		1					l			
-										